Chapter XIII

Health, food and nutrition

In 2008, the United Nations continued to promote human health and food security, coordinate food aid and support research in nutrition.

At the end of the year, about 33.4 million people were living with HIV/AIDS, and an estimated 2.7 million people had become infected with the virus. Deaths due to AIDS-related illnesses were estimated at 2 million. The Joint United Nations Programme on HIV/AIDS (UNAIDS) issued the 2008 *Report on the global AIDS epidemic*—the most comprehensive global assessment of the HIV/AIDS response ever assembled. The report confirmed that out of the 147 countries which had documented their progress in implementing the 2001 Declaration of Commitment on HIV/AIDS, many had made considerable gains in addressing their national epidemics. Increases in financing for HIV programmes in low- and middle-income countries resulted in progress in reducing AIDS deaths and preventing new infections. In June, the General Assembly held a high-level meeting to review the progress achieved in realizing the Declaration of Commitment and the Political Declaration on HIV/AIDS.

In 2008, the United Nations focused on sickle-cell anaemia as a public health issue. According to World Health Organization (WHO) estimates, some 100 million people carried the sickle-cell trait, and at least 500,000 children were born each year with the most severe form of the disease. Major disparities persisted between countries of the North and countries of the South with respect to management of the disease. In a December resolution, the General Assembly urged Member States and the UN system to promote health-care services, training and technology-transfer programmes to improve the lives of those affected, and to raise awareness of the disease on 19 June of each year.

The Conference of the Parties to the WHO Framework Convention on Tobacco Control, at its third session in November, established a working group to develop guidelines for implementation of article 14, dealing with demand reduction. The Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products held its first and second sessions, at which it negotiated the objectives, scope and outline of a draft protocol. In May, the Secretary-General advised the United Nations to take a strong stance on the issue of second-hand smoke, and in a November resolution the General Assembly banned smoking and tobacco sales at UN Headquarters.

A WHO report to the General Assembly on the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa (2001–2010) noted that at least 29 out of 109 countries around the world were on course to meet targets for reducing the burden caused by malaria by 2010. In February, the Secretary-General appointed Ray Chambers (United States) as his first Special Envoy for Malaria. The Assembly in a December resolution expressed concern about the continued morbidity and mortality attributed to malaria. It noted that more efforts were needed if the malaria and MDG targets for 2010 and 2015 were to be reached.

In May, the World Health Assembly adopted a resolution urging Member States, international organizations and stakeholders to prioritize the implementation of a global strategy and plan of action on public health, innovation and intellectual property. Also adopted were resolutions on monitoring the achievement of the health-related MDGs and implementation of the International Health Regulations.

The General Assembly debated the issue of global road safety in March. During the deliberations, the Russian Federation presented an initiative to host the first global high-level conference on road safety in 2009 in Moscow. In a related resolution, the Assembly commended WHO for working with the UN regional commissions to coordinate road safety issues in the UN system and the World Bank for establishing the Global Road Safety Facility—the first funding mechanism to support capacity-building for road safety.

In 2008, the World Food Programme (WFP) distributed 3.9 million metric tons of food aid, assisting 102.1 million hungry people in 78 countries. During the year, WFP faced challenges such as turmoil in international financial systems, extreme weather, political upheaval and complex emergencies in Afghanistan, Somalia and the Sudan. WFP succeeded in scaling up assistance to vulnerable populations hit by soaring food and fuel prices. The complexity of WFP emergency operations was exemplified by its response to Cyclone Nargis in Myanmar, for which WFP provided $154 million of relief for 1.1 million victims. Donor contributions in 2008 reached a record $5 billion.

In 2008, the Food and Agriculture Organization of the United Nations (FAO) continued to address the world food crisis. In June, FAO held a high-level conference on "World Food Security: the Challenges of Climate Change and Bioenergy". The conference

adopted a Declaration that called on the international community to increase assistance for developing countries, in particular the least developed countries and those most negatively affected by high food prices. In April, the Secretary-General established the High-level Task Force on the Global Food Security Crisis, which brought together relevant parts of the UN system and Bretton Woods institutions to produce a unified response to the food price crisis.

Health

AIDS prevention and control

Comprehensive review of implementation of the Declaration of Commitment on HIV/AIDS

General Assembly 2008 high-level meeting on HIV/AIDS. In accordance with resolution 60/262 [YUN 2006, p. 1410], the General Assembly, during its high-level meeting on HIV/AIDS (10–12 June) [A/62/895], undertook a comprehensive review of progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS, adopted at its twenty-sixth special session by resolution S-26/2 [YUN 2001, p. 1126]. In addition to discussing progress and challenges in the global AIDS response, the review focused on universal access to HIV prevention, treatment, care and support by considering key findings and recommendations. Among other outcomes, the meeting determined that successes must be built upon to ensure sustained progress towards full achievement of the international HIV/AIDS goals.

The meeting consisted of plenary sessions in the General Assembly with statements from 158 delegates, including 152 Member States and six observers. In addition to five panel discussions, there was an interactive hearing with civil society on the theme "Action for universal access: myths and realities".

The meeting had before it the report of the Secretary-General entitled "Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals" (see below), which provided the basis for deliberations.

The Secretary-General, in his statement at the opening session, emphasized the need to build on recent successes to bridge gaps in the global AIDS response. Observing that 2008 marked the sixtieth anniversary of the Universal Declaration of Human Rights [YUN 1948–49, p. 543], he said that continued discrimination against people living with HIV and groups at high risk represented an unacceptable reality. He expressed particular gratitude to Dr. Peter Piot, who would leave UNAIDS as its Executive Director at the end of 2008.

The UNAIDS Executive Director noted in his address that progress had been made in almost every region, but the pace of change was not enough to achieve universal access in most low- and middle-income countries by 2010. AIDS remained the leading cause of death in Africa and the seventh highest cause of mortality worldwide. He said that unless efforts to prevent new HIV infections were strengthened, treatment queues would lengthen, dooming efforts to achieve universal access to antiretroviral therapy. He also stressed that long-term success in the AIDS response required improved HIV prevention for young people, effective action to address gender inequality and other human rights violations, and substantial increases in funding.

Report of Secretary-General. As requested in General Assembly resolution 60/262 [YUN 2006, p. 1410], the Secretary-General submitted to the high-level meeting a report [A/62/780] entitled "Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals", which reviewed progress in implementing the 2001 Declaration of Commitment on HIV/AIDS [YUN 2001, p. 1126] and the 2006 Political Declaration on HIV/AIDS [YUN 2006, p. 1411].

The Secretary-General observed that, as at 10 March, 147 Member States had reported national information against 25 core indicators that were developed to track implementation of the 2001 Declaration of Commitment. The core indicators covered a broad array of variables, such as HIV prevalence among young people aged 15–24; coverage of antiretroviral therapy and key HIV prevention interventions; services to support children orphaned or made vulnerable by HIV; and national adoption of recommended HIV policies. He also noted that in nearly all countries, civil society groups were involved in monitoring and reporting progress on the core indicators for the Declaration of Commitment. In addition to having provided data to supplement national reports, those groups had engaged in national reporting workshops and produced shadow reports. More than 80 per cent of countries, including 85 per cent of those in sub-Saharan Africa, had policies in place to ensure equal access for women to HIV prevention, treatment, care and support. Women in sub-Saharan Africa had equal or greater access to antiretrovirals, but the reverse was true for women in concentrated epidemics. Although most countries had strategic frameworks that addressed the epidemic's burden on women, only 53 per cent provided budgeted support for women-focused programmes. Funding for HIV-related activities in low-income and middle-income countries reached $10 billion in 2007, a 12 per cent increase over 2006 and a tenfold increase in less than a decade. In low-income and lower middle-income countries, per

capita domestic spending on HIV more than doubled between 2005 and 2007.

Worldwide, reported the Secretary-General, gender parity seemed to exist in terms of coverage with antiretrovirals. In a number of countries with generalized epidemics, however, coverage was significantly higher among females. By contrast, women in need were significantly less likely to be on antiretrovirals in several countries with concentrated epidemics. Notwithstanding the considerable achievements in expanding access to life-preserving HIV treatments, substantial progress would be required to achieve universal access to HIV treatment and care. In that regard, the Secretary-General noted that if the current trajectory of treatment scale-up continued, 4.6 million people in need would be on antiretrovirals in 2010 and 8 million in 2015. Those figures fell short of projected need: in 2007, an estimated 9.8 million people living with HIV were medically eligible to be put on antiretrovirals, and that number was certain to rise as the disease progressed among the more than 33 million people who were living with HIV.

The Secretary-General recommended that senior political leaders, with the assistance of donors, technical agencies and civil society, lead the implementation of HIV policies. He also recommended that national leaders and Governments, donors, researchers, non-governmental organizations (NGOs) and other stakeholders engaged in the HIV response begin planning for the long-term, building into their efforts strategies to ensure the sustainability of the robust, adaptable and enduring collective effort that would be required over generations.

On 24 December, the General Assembly decided that the item on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS would remain for consideration during its resumed sixty-third (2009) session (**decision 63/552**).

Civil society participation. On 29 April, prior to the high-level meeting, the General Assembly approved for participation in that meeting the list of civil society representatives drawn up by the Assembly President [A/62/CRP.1], pursuant to resolution 62/178 [YUN 2007, p. 1262] (**decision 62/548**).

JIU review

The Secretary-General in July transmitted to the General Assembly the report [A/63/152] of the Joint Inspection Unit (JIU) entitled "Review of the progress made by the UN system organizations in achieving Millennium Development Goal 6, Target 7, to combat HIV/AIDS". The review focused on the role and involvement of the UNAIDS secretariat and the co-sponsors and other stakeholders in the achievement of Goal 6, Target 7: to have halted by 2015 and begun to reverse the spread of HIV/AIDS. The review also assessed the effectiveness of coordination and cooperation among the various UN entities and other stakeholders involved in combating HIV/AIDS.

JIU recommended that the Economic and Social Council review and strengthen the mandate of UNAIDS, including by enhancing the authority of the secretariat so that it may effectively lead, coordinate and monitor the fight against HIV/AIDS and ensure proper accountability of the co-sponsors to the joint programme. As part of the review, the number of co-sponsors should be restricted to the six original organizations/cosponsors, namely, the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank. Other organizations could participate through the co-sponsors on the basis of a memorandum of understanding. The Economic and Social Council should also review and revise the authority, role and responsibility of the UNAIDS Programme Coordinating Board to enable it to have supervisory responsibility over the UNAIDS secretariat and the co-sponsors in relation to the joint programme on HIV/AIDS.

Joint UN Programme on HIV/AIDS

UNAIDS, which became fully operational in 1996 [YUN 1996, p. 1121] continued to serve as the main advocate for global action on HIV/AIDS. In 2008, UNAIDS had ten co-sponsors: the International Labour Organization (ILO); UNDP; UNESCO; UNICEF; the Office of the United Nations High Commissioner for Refugees (UNHCR); the United Nations Office on Drugs and Crime (UNODC); WHO; the World Food Programme (WFP); UNFPA; and the World Bank.

Reports on the global AIDS epidemic

UNAIDS issued the 2008 *Report on the global AIDS epidemic* at the halfway mark between the 2001 Declaration of Commitment on HIV/AIDS [YUN 2001, p. 1126] and the 2015 target of MDG Goal 6: to have halted by 2015 and begun to reverse the spread of HIV/AIDS. Based on information from 147 countries, which documented their progress in implementing the 2001 Declaration of Commitment, the report provided the most comprehensive global assessment of the response to HIV/AIDS ever assembled. By joining with their government counterparts, unprecedented numbers of civil society groups participated in the reporting process.

The HIV response was critical to fostering progress across the breadth of the global development agenda, said the report. A six-fold increase in financing for HIV programmes in low- and middle-income countries was beginning to achieve results, with many countries making major progress in lowering AIDS deaths and preventing new infections. However, progress remained uneven and the epidemic's future was still uncertain, which underscored the need for intensified action to move towards universal access to HIV prevention, treatment, care and support.

Monitoring and evaluation systems were being improved, largely with external funding, as countries began to take advantage of the standard provision that up to 10 per cent of programme funds could be directed to strengthening such systems.

Subsequently, UNAIDS and WHO issued the 2009 *AIDS epidemic update*, which contained key data on the global epidemiology of HIV/AIDS as at December 2008. That report estimated that the number of persons living with HIV worldwide in 2008 totalled 33.4 million, representing a slight increase over the 2007 estimate of 33.2 million. The estimated number of people newly infected with HIV in 2008 was 2.7 million.

The rise in the number of people living with HIV reflected the combined effects of continued high rates of new HIV infections and the beneficial impact of antiretroviral therapy. As at December 2008, the number of people in low- and middle-income countries receiving antiretroviral therapy was approximately 4 million, indicating a ten-fold increase in access to such treatment over five years.

The epidemic appeared to have stabilized in most regions, although prevalence continued to increase in Eastern Europe and Central Asia and in other parts of Asia due to a high rate of new HIV infections. Sub-Saharan Africa remained the most heavily affected region, accounting for 71 per cent of all new HIV infections in 2008. The resurgence of the epidemic among men who had sex with men in high-income countries was increasingly well-documented. Differences were apparent in all regions, with some national epidemics continuing to expand even as the overall regional HIV incidence stabilized.

The estimated number of AIDS-related deaths in 2008 was 2 million worldwide. Seventy-two per cent of those deaths occurred in sub-Saharan Africa, where the epidemic continued to have an enormous impact on households, communities, businesses, public services and national economies, with women and girls continuing to be disproportionately affected. In 2008, sub-Saharan Africa accounted for 67 per cent of HIV infections worldwide, 68 per cent of new HIV infections among adults and 91 per cent of new HIV infections among children.

UNAIDS activities

In 2008, UNAIDS continued to promote universal access to comprehensive programmes of prevention, treatment, care and support, and advocate on behalf of people living with HIV, their families, their loved ones and the communities in which they lived. Working with Governments and civil society, and engaging with parliamentarians, UNAIDS sought to address stigma and discrimination and champion a global AIDS response that was evidence-informed and grounded in human rights.

UNAIDS and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria entered into a comprehensive framework to improve the coordination of their efforts to aid countries in moving towards universal access to HIV prevention, treatment, care and support. Under the agreed division of responsibilities, UNAIDS would help countries develop evidence-informed funding proposals, support the Global Fund's technical review process, and provide countries with focused technical assistance to accelerate the implementation of programmes approved by the Global Fund. The Global Implementation Support Team (GIST)—a collaboration between the Global Fund, UNAIDS, UNFPA, UNICEF, WHO, the World Bank, UNDP, the German Agency for Technical Cooperation (GTZ), the United States Government, the AIDS Alliance, the International Council of AIDS Service Organizations (ICASO), the Interagency Coalition on AIDS and Development (ICAD) of Canada, and the International Centre for Technical Cooperation (ICTC) of Brazil—worked together to reduce barriers inhibiting the provision of universal access to HIV prevention, treatment, care and support services.

Programme Coordinating Board. The UNAIDS Programme Coordinating Board (PCB), at its twenty-second meeting (Chiang Mai, Thailand, 23–25 April), requested that the UNAIDS secretariat and WHO establish mechanisms for accountability of HIV programmes to prevent, diagnose and treat tuberculosis (TB) in people living with HIV, through the incorporation of relevant indicators in national AIDS action frameworks, which included the goal of reducing TB mortality in people living with HIV. PCB also requested that the UNAIDS secretariat work with WHO and other co-sponsoring organizations, as well as Governments, to expand the coverage of voluntary counselling and testing to achieve early diagnosis and treatment of HIV so that opportunistic infection, including TB, could be prevented. UNAIDS approved the new memorandum of understanding between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, taking into account the comments from the floor. It endorsed, based on a review, the development of the next unified budget and workplan, as well as the extension to 2011 of the UNAIDS 2007–2010 stra-

tegic framework. It confirmed a four-year planning framework and a two-year budget cycle for the unified budget and workplan. It also endorsed the Executive Director's proposal for the utilization of $16 million of the available fund balance to cover priorities and investments that were not included in the 2008–2009 unified budget and workplan.

A July report [DP/2008/54], presented jointly by the Executive Boards of UNDP and UNFPA, provided an update on the implementation of decisions of PCB from its twenty-first and twenty-second meetings, held in December 2007 and April 2008, respectively. Key issues from those meetings that were of relevance to UNDP and UNFPA included: advancing implementation of the recommendations of the Global Task Team on Improving HIV/AIDS Coordination among Multilateral Institutions and International Donors; intensifying action on gender and HIV/AIDS; strengthening partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria; extending the UNAIDS unified budget and workplan to a four-year planning cycle; and preparations for the second five-year independent evaluation of UNAIDS. UN country teams had established joint UN teams on HIV/AIDS in 89 countries, as recommended by the Global Task Team and as directed by the Secretary General in December 2005 [YUN 2005, p. 1327]. Fifty-six of those teams reported having developed a joint programme for more effective support to countries.

PCB in 2007 had requested UNAIDS to assist countries in planning, programming and implementing interventions in contexts that addressed diverse sexualities and women, girls and gender inequality, including through country pilots and other activities. In follow-up to the PCB decision, UNDP, along with the United Nations Development Fund for Women (UNIFEM), UNESCO, UNFPA, WHO and the UNAIDS secretariat, was establishing an expert group to assist in the design and oversight of a gender and HIV/AIDS pilot process in four countries. The pilot process would focus on assisting countries in planning, programming and implementing interventions that addressed women, girls and gender inequality, while a parallel process would be initiated to address male sexuality.

In April, PCB endorsed the extension of the unified budget work (UBW) planning period from a two-year cycle to four years, while maintaining a two-year budget cycle. In addition to reducing transaction costs, the four-year framework was expected to facilitate longer-term planning and a more effective monitoring of results. As a result, the 2008–2009 UBW would be extended to 2011.

PCB held an extraordinary meeting on 2 October and its twenty-third meeting from 15 to 17 December, both in Geneva.

Sickle-cell anaemia

In 2008, the United Nations focused on sickle-cell anaemia as a public health issue. By a 6 October letter [A/63/233] to the Secretary-General, the Congo requested that an item on the recognition of sickle-cell anaemia as a public health priority be included in the agenda of the General Assembly's sixty-third session. An explanatory memorandum annexed to the letter described sickle-cell anaemia as the most widespread genetic blood disorder in the world. According to WHO estimates, some 100 million people carried the sickle-cell trait and at least 500,000 children were born each year with the most severe form of the disease (Hb SS), mostly in Africa, the Caribbean and the Americas. Major disparities persisted between countries of the North and countries of the South with respect to management of the disease, including lack of access to appropriate health-care services for children in areas where it was most prevalent. Despite the seriousness of the issue, sickle-cell anaemia continued to receive little attention and remained unknown among the general public. Its pathology, however, had been the focus at various meetings of international organizations between 2000 and 2007. Those meetings concluded that there was need for a framework to promote care, research and training of health personnel to benefit those affected; greater recognition by the United Nations of sickle-cell anaemia as a public health priority; more public education aimed at increasing the life expectancy of affected persons; and that 19 June of each year be proclaimed the international day to combat sickle-cell anaemia.

In December, by resolution 63/237 (see below), the General Assembly recognized sick-cell anaemia as a public health problem and encouraged support for efforts to combat the disease.

GENERAL ASSEMBLY ACTION

On 22 December [meeting 73], the General Assembly adopted **resolution 63/237** [draft: A/63/L.63 & Add.1] without vote [agenda item 155].

Recognition of sickle-cell anaemia as a public health problem

The General Assembly,

Recognizing the need to promote better physical and mental health, bearing in mind the Universal Declaration of Human Rights and other relevant human rights instruments,

Welcoming World Health Assembly resolution 59.20 of 27 May 2006 and resolution 22 of the General Conference of the United Nations Educational, Scientific and Cultural Organization of 19 October 2005, and taking note of decision Assembly/AU/Dec.81(V) adopted by the Assembly of the African Union at its fifth ordinary session, held in Sirte, Libyan Arab Jamahiriya, on 4 and 5 July 2005,

Recognizing that sickle-cell anaemia is one of the world's foremost genetic diseases, that it has severe physical, psychological and social consequences for those affected and their families, and that in its homozygote form it is one of the most lethal genetic diseases,

Aware of the need for greater international cooperation, including through partnerships, to facilitate access to education, management, surveillance and treatment for sickle-cell anaemia,

Recognizing that proper management of sickle-cell anaemia will contribute to an appreciable decrease in mortality from malaria and in the risk of HIV infection,

Recalling the Abuja Declaration on Roll Back Malaria in Africa of 25 April 2000 and the global "Roll Back Malaria" initiative,

Taking note of the reports of the first, second and third international congresses of the Sickle Cell Disease International Organization, held in Paris on 25 and 26 January 2002, in Cotonou from 20 to 23 January 2004 and in Dakar from 22 to 24 November 2006, respectively, and the report of the first global consultations on sickle-cell anaemia, held in Brazzaville from 14 to 17 June 2005,

Recognizing that education, information and communication technologies should play a crucial role in preventing sickle-cell anaemia and that there is an urgent need to create effective research and training programmes in the countries most affected by this disease,

1. *Recognizes* that sickle-cell anaemia is a public health problem;

2. *Underlines* the need to raise public awareness about sickle-cell anaemia and to eliminate harmful prejudices associated with the disease;

3. *Urges* Member States and the organizations of the United Nations system to raise awareness of sickle-cell anaemia on 19 June each year at the national and international levels;

4. *Encourages* Member States, as well as United Nations agencies, funds and programmes, international institutions and development partners, to support health systems and primary health-care delivery, including efforts to improve the management of sickle-cell anaemia;

5. *Invites* Member States, international organizations and civil society to support the efforts being made to combat sickle-cell anaemia, including as part of health-system strengthening efforts, in the various development programmes, and to encourage basic and applied research on the disease;

6. *Urges* the Member States in which sickle-cell anaemia is a public health problem to establish national programmes and specialized centres for the treatment of sickle-cell anaemia and to facilitate access to treatment;

7. *Requests* the Secretary-General to bring the present resolution to the attention of all Member States and organizations of the United Nations system.

Tobacco

The WHO Framework Convention on Tobacco Control (FCTC), adopted by the World Health Assembly in 2003 [YUN 2003, p. 1251], entered into force in 2005. At the end of 2008, 162 States and the European Union were parties to the Convention.

The third session of the Conference of the Parties to the Convention (Durban, South Africa, 17–22 November) [FCTC/COP/3/REC/1] took note of the recommendations of the working group on tobacco advertising on measures that would contribute to the elimination of cross-border advertising, promotion and sponsorship (article 13) [YUN 2007, p. 1267] and decided to further consider those recommendations at its fourth (2010) session. It also requested that the Convention secretariat assess the recommendations, propose options for further work, and report on its findings at the fourth session.

The session established a working group to elaborate guidelines for implementation of article 14 (demand reduction measures concerning tobacco dependence and cessation) of the Convention. The working group should prepare a report or, if possible, draft guidelines for consideration by the Conference of the Parties at its fourth session. In so doing, the working group should take into account the 2008 Convention secretariat report in relation to article 14 [FCTC/COP/3/10], which was presented to the third session for consideration. The session also requested the Convention secretariat to invite relevant intergovernmental and non-governmental organizations to participate in the working group.

It decided further that the third session of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products (see below) would be held from 28 June to 5 July 2009 in Geneva. In that regard, it requested the Convention secretariat to facilitate the participation of low-income and lower-middle-income parties in the work of that body.

Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products. The second (2007) session of the Conference of the Parties to the FCTC established the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products [YUN 2007, p. 1267], which held its first (11–15 February) and second (20–25 October) sessions in Geneva [FCTC/COP/INB-IT/2/4 Rev.1]. The first session, which was attended by representatives of 132 parties, 20 States non-parties, three intergovernmental organizations and nine NGOs, discussed the objectives, scope and outline for a protocol. The Chairperson of the Body subsequently drafted a preliminary text, using as a basis the discussions from the first session, as well as existing international agreements, the provisions of the FCTC, and support from the Convention secretariat and other experts. The second session, which was attended by representatives of 133 parties, 16 States non-parties, two intergovernmental organizations and nine NGOs, accepted that text as a basis for negotiations and examined it through plenary, committee and working group deliberations. The third session of the Negotiating Body, to be held in Geneva from 28 June to 5 July 2009, would consider a revised text to be prepared by the Chairperson.

Ad Hoc Inter-Agency Task Force

In May, the Secretary-General submitted to the Economic and Social Council, in accordance with its decision 2006/248 [YUN 2006, p. 1421], a report on progress made by the Ad Hoc Inter-Agency Task Force on Tobacco Control [E/2008/59] in implementing multisectoral collaboration on tobacco or health. Using data from the WHO Report on the Global Tobacco Epidemic, 2008, the report described the burden of tobacco consumption and focused on areas of concern where inter-agency collaboration could be important. Those included issues related to tobacco growing and alternatives to tobacco; the link between tobacco and development; gender and tobacco; tobacco industry activities and corporate social responsibility; and exposure to second-hand smoke, particularly the issue of smoking on UN premises. The report also provided an update on the WHO Framework Convention on Tobacco Control and its implementation.

The Secretary-General recommended that exposure to second-hand smoke be strictly regulated in order to protect the health of workers. He also advised the United Nations to take a strong stance on the issue and adopt a resolution on smoke-free premises in accordance with Economic and Social Council resolution 2006/42 [YUN 2006, p. 1421].

On 22 July, the Council requested the Secretary-General to submit a report on the work of the Ad Hoc Inter-Agency Task Force on Tobacco Control to the Council at its substantive session of 2010 (**decision 2008/232**). Also on 22 July, the Council, recalling its resolution 2006/42 of July 2006 on smoke-free UN premises, recommended that the General Assembly, at its sixty-third session, consider the recommendations set out in that resolution (**decision 2008/231**).

On 3 November, by resolution 63/8 (see below), the General Assembly decided to implement a complete ban on smoking and the sale of tobacco products at UN Headquarters indoor premises. It also recommended that the same ban be implemented at all UN indoor premises, including regional and country offices.

GENERAL ASSEMBLY ACTION

On 3 November [meeting 36], the General Assembly adopted **resolution 63/8** [draft: A/63/L.14 & Add.1,] without vote [agenda item 40].

Smoke-free United Nations premises

The General Assembly,

Recalling Economic and Social Council resolution 2006/42 of 27 July 2006 and Council decision 2008/231 of 22 July 2008,

Noting with concern the serious harmful impact of second-hand smoke on the health of non-smokers, which can lead to disease, disability and death,

Acknowledging that second-hand smoke at the workplace is a fully preventable occupational health hazard,

Emphasizing the importance of protecting the well-being of individuals in their working environments,

1. *Decides* to implement a complete ban on smoking at United Nations Headquarters indoor premises and on sales of tobacco products at United Nations Headquarters premises;

2. *Recommends* the implementation of a complete ban on smoking at all United Nations indoor premises, including regional and country offices throughout the United Nations system, and the implementation of a complete ban on sales of tobacco products at all United Nations premises;

3. *Requests* the Secretary-General to submit to the General Assembly at its sixty-fourth session a report on the measures for the implementation of the present resolution.

Malaria

In August, the Secretary-General transmitted to the General Assembly a report [A/63/219] on the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa (2001–2010), prepared by WHO pursuant to General Assembly resolution 62/180 [YUN 2007, p. 1268]. The Decade was proclaimed by the General Assembly in resolution 55/284 [YUN 2001, p. 1139]. The report was based on data collected for the World Malaria Report 2008, which would be published in September. It highlighted progress made in meeting the goals concerning malaria to be achieved by 2010.

Funding and availability of key products for malaria prevention and treatment had started to increase in Africa starting in 2005, and by 2006, 26 African countries had spent $688 million on malaria. The targets for use of insecticide-treated nets, prompt and appropriate use of antimalarial treatments, and use of intermittent preventive therapy in pregnant women in Africa were 80 per cent or more. Average usage of treated nets across 18 countries where surveys were conducted in 2006 was well below that target: 34 per cent of houses owned an insecticide-treated net, and 23 per cent of children under 5 years of age and 27 per cent of pregnant women slept under a treated net. Although that was much below the 2010 target, it was much higher than in previous years and represented a significant achievement. Among 18 national household surveys carried out in Africa in 2006, relatively high ownership and usage of insecticide-treated nets was found in Ethiopia, the Niger, Sao Tome and Principe and Zambia.

Between 2001 and 2006, national malaria control programmes in Africa reported large increases in the number of courses of antimalarial medicines supplied through public health services. In particular, dispensing of artemisinin-based combination therapy treatments increased from 6 million doses in 2005 to 45 million doses in 2006. Those figures probably under-

estimated usage, and the exact consumption of artemisinin-based treatments was not known. In 2006, the average percentage of children under 5 years of age receiving any type of antimalarial treatment for fever in the past two weeks was 38 per cent. The use of artemisinin-based combination therapy was much lower: just 3 per cent of children, on average. Therefore, access to that therapy remained inadequate. Coverage of pregnant women with two doses of intermittent preventive treatment was also low (18 per cent) compared to the target of above 80 per cent.

From an Africa-wide perspective, there was no evidence that malaria had declined from 2000 to 2006. However, there were two reasons for optimism. First, data available to WHO included data only until 2006; rapid increases in use of insecticide-treated nets and artemisinin-based combination therapy in 2006 and 2007 would not be expected to show their full impact by 2006. Secondly, four low-income countries (or parts of countries) with high coverage of insecticide-treated nets and antimalarial medicines—and indoor residual spraying of insecticide in some cases—showed dramatic declines in malaria. In Eritrea, Rwanda, Sao Tome and Principe and Zanzibar, United Republic of Tanzania, the burden caused by malaria appeared to be reduced by 50 per cent or more between 2000 and 2006–2007, thus achieving the morbidity reduction targets. Three other higher-income African countries (Namibia, South Africa and Swaziland) also had significant declines in reported malaria cases. Within Africa, the large increase in availability of products to prevent and treat malaria in 2006 and 2007 had a reasonable probability of yielding an impact in 2007 and 2008.

In regions outside of Africa, malaria cases fell by 50 per cent over the period 2000–2006 in at least 22 out of 64 countries. Thus, routine surveillance data indicated that at least 29 out of 109 countries were on course to meet targets for reducing the burden caused by malaria by 2010.

Plasmodium falciparum malaria parasites that had a reduced susceptibility to artemisinins, possibly heralding resistance, had been detected at the Cambodia/Thailand border, and malaria vectors in several countries had displayed some degree of resistance to pyrethroids. Therefore, the continuous monitoring of their efficacy and adoption of measures to mitigate the risk of resistance were considered priorities for malaria control.

The report made a number of recommendations. Member States should increase funding for financing long-lasting insecticide-treated nets, artemisinin-based combination therapy and indoor residual spraying. Countries and partners needed to ensure that drug- and insecticide-resistance testing was fully operational in order to protect insecticides and artemisinin-based combination therapy, and needed to strengthen health information systems so that data were monitored continuously at national, district and health-facility levels. Malaria partners needed to resolve financial and delivery bottlenecks that were responsible for stock-outs of long-lasting insecticide-treated nets, artemisinin-based combination therapy treatments, and rapid diagnostic tests. Malaria programme management at the country level needed to be strengthened to address low use of insecticide-treated nets, as well as stock-outs of long-lasting insecticide-treated nets, artemisinin-based combination therapy treatments and rapid diagnostic tests at health facilities.

Special Envoy for Malaria. On 14 February, the Secretary-General announced the appointment of Ray Chambers (United States) as his first Special Envoy for Malaria [SG/A/1118], charged with raising the issue of malaria on the international political and developmental agendas and doing all in his power to reduce child deaths from the disease. In December, by resolution 63/234 (see below), the General Assembly welcomed the designation of a Special Envoy for Malaria.

GENERAL ASSEMBLY ACTION

On 22 December [meeting 73], the General Assembly adopted **resolution 63/234** [draft: A/63/L.62 & Add.1] without vote [agenda item 43].

2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

The General Assembly,

Recalling that the period 2001–2010 has been proclaimed the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, by the General Assembly, and that combating HIV/AIDS, malaria, tuberculosis and other diseases is included in the internationally agreed development goals, including those contained in the United Nations Millennium Declaration,

Recalling also its resolution 62/180 of 19 December 2007 and all previous resolutions concerning the struggle against malaria in developing countries, particularly in Africa,

Recalling further resolution 60.18, adopted by the World Health Assembly on 23 May 2007, urging a broad range of national and international actions to scale up malaria control programmes,

Bearing in mind the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular resolution 1998/36 of 30 July 1998,

Taking note of the declarations and decisions on health issues adopted by the Organization of African Unity, in particular the declaration and plan of action on the "Roll Back Malaria" initiative adopted at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000, as well as decision AHG/Dec.155(XXXVI) concerning the implementation of that declaration and plan of action, adopted

by the Assembly of Heads of State and Government of the Organization of African Unity at its thirty-sixth ordinary session, held in Lomé from 10 to 12 July 2000,

Also taking note of the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, adopted by the Assembly of the African Union at its second ordinary session, held in Maputo from 10 to 12 July 2003, and the Abuja call for accelerated action towards universal access to HIV and AIDS, tuberculosis and malaria services in Africa, issued by the Heads of State and Government of the African Union at the special summit of the African Union on HIV and AIDS, tuberculosis and malaria, held in Abuja, from 2 to 4 May 2006,

Recognizing the linkages in efforts being made to reach the targets set at the Abuja Summit in 2000 as necessary and important for the attainment of the "Roll Back Malaria" goal and the targets of the Millennium Declaration by 2010 and 2015, respectively, and welcomes in this regard the commitment of Member States to respond to the specific needs of Africa,

Also recognizing that malaria-related ill health and deaths throughout the world can be substantially reduced with political commitment and commensurate resources if the public is educated and sensitized about malaria and appropriate health services are made available, particularly in countries where the disease is endemic,

Expressing concern about the continued morbidity, mortality and debility attributed to malaria, and recalling that more efforts are needed if the malaria targets for 2010 and the malaria and Millennium Development Goal targets for 2015 are to be reached on time,

Commending the efforts of the World Health Organization, the United Nations Children's Fund, the Roll Back Malaria Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and other partners to fight malaria over the years,

Taking note of the Roll Back Malaria Global Strategic Plan 2005–2015 and the Global Malaria Action Plan developed by the Roll Back Malaria Partnership,

1. *Welcomes* the report prepared by the World Health Organization, and calls for support for the recommendations contained therein;

2. *Also welcomes* the Global Malaria Action Plan, which provides for the first time a comprehensive plan for combating malaria in the short, medium and long term, including by giving further impetus to internationally agreed targets of universal coverage of malaria interventions for all at-risk populations by 2010, of continuing the scale-up to achieve nearly zero preventable deaths from malaria by 2015 and of eliminating and, with additional research and development, ultimately eradicating the disease;

3. *Further welcomes* the theme "Malaria—a disease without borders" that was chosen for the first World Malaria Day, as well as activities undertaken by the Member States, relevant organizations of the United Nations system, international institutions, non-governmental organizations, the private sector and civil society to commemorate this day, and encourages them to continue to observe World Malaria Day and to collaborate in the observance of the final two years of the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, in order to raise public awareness of and knowledge about the prevention, control and treatment of malaria as well as the importance of meeting the Millennium Development Goals;

4. *Welcomes* the designation by the Secretary-General of a Special Envoy for Malaria to raise the issue in collaboration with other United Nations organizations already working on those issues on the international political and development agendas and to work with national and global leaders to help to secure the political will, the partnerships and the funds to drastically reduce malaria deaths by 2010 through increased access to protection and treatment, especially in Africa;

5. *Also welcomes* the adoption by the sixty-first World Health Assembly of resolution 61.21 of 24 May 2008, in which it adopted the global strategy and the agreed parts of the plan of action on public health, innovation and intellectual property;

6. *Further welcomes* the increased funding for malaria interventions and for research and development of preventive and control tools from the international community, through funding from multilateral and bilateral sources and from the private sector, as well as by making predictable financing available through appropriate and effective aid modalities and in-country health financing mechanisms aligned with national priorities, which are key to strengthening health systems and promoting universal and equitable access to high-quality malaria prevention and treatment services;

7. *Welcomes* recent commitments and initiatives to promote overall malaria prevention, control and treatment, including those announced at the high-level event on the Millennium Development Goals, held in New York on 25 September 2008;

8. *Also welcomes* World Health Assembly resolution 61.18 of 24 May 2008, in which the Assembly initiated annual monitoring of the achievement of the health-related Millennium Development Goals;

9. *Urges* the international community to deliver on programmes and activities at the country level in order to achieve internationally agreed targets on malaria;

10. *Calls upon* the international community to continue to support the secretariat of the Roll Back Malaria Partnership and partner organizations, including the World Health Organization, the World Bank and the United Nations Children's Fund, as vital complementary sources of support for the efforts of malaria-endemic countries to combat the disease;

11. *Appeals* to the international community to work in a spirit of cooperation towards effective, increased, harmonized and sustained bilateral and multilateral assistance to combat malaria, including support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to assist States, in particular malaria-endemic countries, to implement sound national plans, in particular health plans and sanitation plans, including malaria control strategies and integrated management of childhood illnesses, in a sustained and equitable way that, inter alia, contributes to health system development;

12. *Appeals* to the malaria partners to resolve the financial and delivery bottlenecks that are responsible for stockouts of long-lasting insecticide-treated nets, artemisinin-based combination therapies and rapid diagnostic tests at the national level, whenever they occur, including through

the strengthening of malaria programme management at the country level;

13. *Welcomes* the contribution to the mobilization of additional and predictable resources for development by voluntary innovative financing initiatives taken by groups of Member States, and in this regard notes the International Drug Purchase Facility, UNITAID, the International Finance Facility for Immunization, the Affordable Medicines Facility for Malaria, the Global Alliance for Vaccines and Immunization and the advance market commitment initiatives;

14. *Urges* malaria-endemic countries to work towards financial sustainability, to increase, to the extent possible, domestic resource allocation to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;

15. *Urges* Member States to assess and respond to the needs for integrated human resources at all levels of the health system, in order to achieve the targets of the Abuja Declaration on Roll Back Malaria in Africa and the internationally agreed development goals of the United Nations Millennium Declaration, to take actions, as appropriate, to effectively govern the recruitment, training and retention of skilled health personnel, and to give particular focus to the availability of skilled personnel at all levels to meet technical and operational needs as increased funding for malaria control programmes becomes available;

16. *Calls upon* the international community, inter alia, by helping to meet the financial needs of the Global Fund to Fight AIDS, Tuberculosis and Malaria and through country-led initiatives with adequate international support, to intensify access to affordable, safe and effective antimalarial combination treatments, intermittent preventive treatment in pregnancies, long-lasting insecticide-treated mosquito nets, including, where appropriate, through the free distribution of such nets and, where appropriate, to insecticides for indoor residual spraying for malaria control, taking into account relevant international rules, including the Stockholm Convention on Persistent Organic Pollutants standards and guidelines;

17. *Requests* relevant international organizations, in particular the World Health Organization and the United Nations Children's Fund, to assist efforts of national Governments to provide universal access to malaria control interventions to at-risk young children and pregnant women in malaria-endemic countries, particularly in Africa, as rapidly as possible, with due regard to ensuring proper use of those interventions, including long-lasting insecticide nets, and sustainability through full community participation and implementation through the health system;

18. *Calls upon* Member States, in particular malaria-endemic countries, to establish and/or strengthen national policies and operational plans, with a view to ensuring the achievement of the targets for 2010 and 2015, in accordance with the technical recommendations of the World Health Organization, so as to ensure the achievement of targets set out in the Global Malaria Action Plan and to promote the achievement of the malaria-related Millennium Development Goals;

19. *Encourages* all African countries that have not yet done so to implement the recommendations of the Abuja Summit in 2000 to reduce or waive taxes and tariffs for nets and other products needed for malaria control, both to reduce the price of the products to consumers and to stimulate free trade in those products;

20. *Invites* all malaria-endemic countries, with the support of the international community, to scale up their efforts to meet the internationally agreed targets on malaria for 2010 and 2015;

21. *Calls upon* United Nations agencies and their partners to continue to provide the technical support necessary to build and enhance the planning and implementation capacity of Member States to meet the internationally agreed goals;

22. *Expresses its concern* about the increase in resistant strains of malaria in several regions of the world, and calls upon Member States, with support from the World Health Organization and other partners, to strengthen surveillance systems for drug and insecticide resistance and upon the World Health Organization to coordinate a global network for the monitoring of drug and insecticide resistance and to ensure that drug and insecticide testing is fully operational in order to enhance the use of current insecticide- and artemisinin-based combination therapies;

23. *Urges* all Member States experiencing resistance to conventional monotherapies to replace them with combination therapies, as recommended by the World Health Organization, and to develop the necessary financial, legislative and regulatory mechanisms in order to introduce artemisinin combination therapies at affordable prices and to prohibit the marketing of oral artemisinin monotherapies, in a timely manner;

24. *Recognizes* the importance of the development of safe and cost-effective vaccines and new medicines to prevent and treat malaria and the need for further and accelerated research, including into safe, effective and high-quality traditional therapies, using rigorous standards, including by providing support to the Special Programme for Research and Training in Tropical Diseases and through effective global partnerships, such as the various malaria vaccine initiatives and the Medicines for Malaria Venture, where necessary stimulated by new incentives to secure their development and through effective and timely support towards pre-qualification of new antimalarials and their combinations;

25. *Calls upon* the international community, including through existing partnerships, to increase investment in and efforts towards the research and development of new, safe and affordable malaria-related medicines, products and technologies, such as vaccines, rapid diagnostic tests, insecticides and delivery modes, to prevent and treat malaria, especially for at-risk children and pregnant women, in order to enhance effectiveness and delay the onset of resistance;

26. *Calls upon* malaria-endemic countries to assure favourable conditions for research institutions, including allocation of adequate resources and development of national policies and legal frameworks, where appropriate, with a view to, inter alia, informing policy formulation and strategic interventions on malaria;

27. *Reaffirms* the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declara-

tion on the TRIPS Agreement and Public Health, the decision of the World Trade Organization's General Council of 30 August 2003 and amendments to article 31 of the Agreement, which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all, including the production, under compulsory licensing, of generic drugs in the prevention and treatment of malaria, and resolves to assist developing countries in this regard;

28. *Calls upon* the international community to support ways to expand access to and the affordability of key products, such as vector control measures, including indoor residual spraying, long-lasting insecticide-treated nets and artemisinin-based combination therapy for populations at risk of exposure to resistant strains of falciparum malaria in malaria-endemic countries, particularly in Africa, including through additional funds and innovative mechanisms, inter alia, for the financing and scaling up of artemisinin production and procurement, as appropriate, to meet the increased need;

29. *Welcomes* the increased level of public-private partnerships for malaria control and prevention, including the financial and in-kind contributions of private sector partners and companies operating in Africa, as well as the increased engagement of non-governmental service providers;

30. *Encourages* the producers of long-lasting insecticide-treated nets to accelerate technology transfer to developing countries, and the World Bank and regional development funds to consider supporting malaria-endemic countries in establishing factories to scale up production of long-lasting insecticide-treated nets;

31. *Calls upon* the international community and malaria-endemic countries, in accordance with existing guidelines and recommendations of the World Health Organization and the requirements of the Stockholm Convention to increase capacity for the safe, effective and judicious use of indoor residual spraying and other forms of vector control;

32. *Urges* the international community to become fully knowledgeable about World Health Organization technical policies and strategies and the provisions in the Stockholm Convention related to the use of DDT, including for indoor residual spraying, long-lasting insecticide-treated nets and case management, intermittent preventive treatment for pregnant women and monitoring of in vivo resistance studies to artemisinin-based combination therapy treatment, so that projects support those policies, strategies and provisions;

33. *Requests* the World Health Organization, the United Nations Children's Fund and donor agencies to provide support to those countries which choose to use DDT for indoor residual spraying so as to ensure that it is implemented in accordance with international rules, standards and guidelines, and to provide all possible support to malaria-endemic countries to manage the intervention effectively and prevent the contamination, in particular, of agricultural products with DDT and other insecticides used for indoor residual spraying;

34. *Encourages* the World Health Organization and its member States, with the support of the parties to the Stockholm Convention, to continue to explore possible alternatives to DDT as a vector control agent;

35. *Calls upon* malaria-endemic countries to encourage regional and intersectoral collaboration, both public and private, at all levels, especially in education, health, agriculture, economic development and the environment, to advance malaria control objectives;

36. *Calls upon* the international community to support increased interventions, in line with the Global Malaria Action Plan and the recommendations of the World Health Organization and the Roll Back Malaria Partnership, in order to ensure their rapid, efficient and effective implementation, to strengthen health systems and national pharmaceutical policies, to monitor and fight against the trade in counterfeit antimalarial medicines and prevent the distribution and use of them, and to support coordinated efforts, inter alia, by providing technical assistance to improve surveillance, monitoring and evaluation systems and their alignment with national plans and systems so as to better track and report changes in coverage, the need for scaling up recommended interventions and the subsequent reductions in the burden of malaria;

37. *Urges* Member States, the international community and all relevant actors, including the private sector, to promote the coordinated implementation and enhance the quality of malaria-related activities, including via the Roll Back Malaria Partnership, in accordance with national policies and operational plans that are consistent with the technical recommendations of the World Health Organization and recent efforts and initiatives, including, where appropriate, the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, adopted during the Third High-level Forum on Aid Effectiveness, held in Accra from 2 to 4 September 2008;

38. *Requests* the Secretary-General, in close collaboration with the Director-General of the World Health Organization and in consultation with Member States, to submit to the General Assembly at its sixty-fourth session an evaluation report on progress achieved towards the internationally agreed targets for 2010, including funding and implementation of activities necessary to reach those targets.

Global public health

Global health and foreign policy

On 24 May, the World Health Assembly (WHA), at its sixty-first session (Geneva, 19–24 May) [WHA61/2008/REC/1], adopted a resolution [WHA61.21] on a global strategy and plan of action on public health, innovation and intellectual property. The Assembly adopted the strategy, which was annexed to the resolution, and urged members States, international organizations and stakeholders to prioritize and consider providing resources towards implementation of the strategy and plan of action. It also requested the Director-General to finalize outstanding components of the plan concerning timeframes, progress indicators and funding needs, and submit the final plan of action for consideration by the sixty-second WHA; to prepare a quick-start programme and begin to implement those elements of the strategy and plan

which fell under the responsibility of WHO; to establish a working group to examine financing and coordination of research and development and submit a progress report to the sixty-second WHA and a final report to the sixty-third WHA; and to monitor progress in implementation of the strategy and plan and report progress to the sixty-third WHA.

The Assembly also adopted a resolution [WHA61.18] on monitoring the achievement of the health-related MDGs. It urged States to continue sustaining their high-level political commitments and to work with development partners towards strengthening national health systems, including health information systems for monitoring progress towards achievement of the MDGs. It requested the Director-General to submit annually a report on the status of progress made in the achievement of the health-related MDGs according to the new monitoring framework.

Another WHA resolution [WHA61.2] concerned the implementation of the 2005 International Health Regulations (IHR) [YUN 2005, p. 1331]. It urged States to ensure that the contact details of the IHR Focal Points were up to date; to ensure that the core national capacity requirements specified in Annex 1 (surveillance and response) to the Regulations were developed, strengthened and maintained; and to designate an expert for the IHR Roster of Experts. It requested the Director-General to support States with vulnerable health systems in strengthening core capacity requirements, and to submit, on an annual basis, a report including information provided by States parties and about the secretariat's activities, to enhance communication between national IHR Focal Points and to encourage information-sharing on actual outbreaks.

Further resolutions addressed the subjects of climate change and health; global immunization strategy; infant and young child nutrition; prevention and control of non-communicable diseases; and strategies to reduce the harmful use of alcohol.

Economic and Social Council action. On 25 July, the Economic and Social Council adopted the following theme for its 2009 thematic discussion: "Current global and national trends and their impact on social development, including public health" (**decision 2008/257**).

Oslo Ministerial Declaration. By a 4 December letter [A/63/591] to the Secretary-General, Brazil transmitted the text of the Oslo Ministerial Declaration: "Global health—a pressing foreign policy issue of our time", and the Oslo Agenda for Action: "Foreign policy taking up the challenges of global health", adopted by the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand in Oslo on 20 March 2007.

GENERAL ASSEMBLY ACTION

On 26 November [meeting 60], the General Assembly adopted **resolution 63/33** [draft: A/63/L.28 & Add.1] without vote [agenda item 44].

Global health and foreign policy

The General Assembly,

Recalling the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

Recalling also its resolutions 58/3 of 27 October 2003, 59/27 of 23 November 2004 and 60/35 of 30 November 2005, all entitled "Enhancing capacity-building in global public health", and other health-related resolutions, as well as resolutions of the World Health Assembly,

Welcoming the theme of the annual ministerial review to be held by the Economic and Social Council in 2009, "Implementing the internationally agreed goals and commitments in regard to global public health",

Recalling that achieving the health-related Millennium Development Goals is essential to socio-economic development, concerned by the relatively slow progress in achieving them, and mindful that special consideration should be given to the situation in sub-Saharan Africa,

Recognizing the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate,

Welcoming the adoption on 24 May 2008 of World Health Assembly resolution 61.18, which initiated the annual monitoring by the World Health Assembly of the achievement of the health-related Millennium Development Goals,

Recognizing the contribution of initiatives in the field of global health such as, among others, the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Finance Facility for Immunization, and the International Drug Purchase Facility, UNITAID, as well as other national and regional initiatives,

Noting the role and contribution of the Foreign Policy and Global Health Initiative in promoting synergy between foreign policy and global health, as well as the contribution of the Oslo Ministerial Declaration entitled "Global health—a pressing foreign policy issue of our time" to placing health as a foreign policy issue on the international agenda,

Noting also the outcome of the Thirty-fourth Summit of the Group of Eight, held in Toyako, Hokkaido, Japan, from 7 to 9 July 2008, which highlighted the principles for action on global health to achieve all the health-related Millennium Development Goals,

Emphasizing that the United Nations system has an important responsibility to assist Governments in the follow-up to and full implementation of agreements and commitments reached at the major United Nations conferences and summits, especially those focusing on health-related areas,

Underscoring the fact that global health is also a long-term objective which is national, regional and international in scope and requires sustained attention, commitment and closer international cooperation beyond emergency,

Appreciating the contribution made by civil society, including non-governmental organizations and the private sector, on issues related to foreign policy and global health,

Welcoming ongoing partnerships between a variety of stakeholders at the local, national, regional and global levels aimed at addressing the multifaceted determinants of global health and the commitments and initiatives to accelerate progress on the health-related Millennium Development Goals, including those announced at the high-level event on the Millennium Development Goals, held at United Nations Headquarters on 25 September 2008,

1. *Recognizes* the close relationship between foreign policy and global health and their interdependence, and in that regard also recognizes that global challenges require concerted and sustained efforts by the international community;

2. *Urges* Member States to consider health issues in the formulation of foreign policy;

3. *Stresses* the importance of achieving the health-related Millennium Development Goals;

4. *Recognizes* that the annual ministerial review to be held by the Economic and Social Council in 2009 will focus on the theme "Implementing the internationally agreed goals and commitments in regard to global public health", and in that regard calls for enhanced coordination within the United Nations system;

5. *Requests* the Secretary-General, in close collaboration with the Director-General of the World Health Organization, and in consultation with Member States, to submit to the General Assembly at its sixty-fourth session, in 2009, a comprehensive report, with recommendations, on challenges, activities and initiatives related to foreign policy and global health, taking into account the outcome of the annual ministerial review to be held by the Economic and Social Council in 2009;

6. *Decides* to include in the provisional agenda of its sixty-fourth session an item entitled "Global health and foreign policy", taking into account the cross-cutting nature of issues related to foreign policy and global health.

Road safety

On 31 March, the General Assembly considered the issue of global road safety, including the report on improving global road safety prepared in 2007 by WHO, in consultation with the regional commissions and other partners of the UN Road Safety Collaboration [YUN 2007, p. 1271]. During the Assembly's deliberations, the Russian Federation presented an initiative to host the first global high-level (ministerial) conference on road safety in 2009 in Moscow, together with other actors interested in international cooperation in the area of road safety. That conference, in addition to providing a forum for information-sharing, would be an opportunity to discuss progress in implementing the recommendations of the *World Report on Road Traffic Injury Prevention* [YUN 2004, p. 1223] and General Assembly resolutions on improving global road safety.

GENERAL ASSEMBLY ACTION

On 31 March [meeting 87], the General Assembly adopted **resolution 62/244** [draft: A/62/L.43 & Add.1] without vote [agenda item 46].

Improving global road safety

The General Assembly,

Recalling its resolutions 57/309 of 22 May 2003, 58/9 of 5 November 2003, 58/289 of 14 April 2004 and 60/5 of 26 October 2005 on improving global road safety,

Having considered the note by the Secretary-General transmitting the report on improving global road safety,

Noting with appreciation the adoption on 23 May 2007 of World Health Assembly resolution 60.22 on emergency care systems,

Underlining the importance for Member States to continue using the *World Report on Road Traffic Injury Prevention* as a framework for road safety efforts and implementing its recommendations by paying particular attention to five of the main risk factors identified, namely, the non-use of safety belts and child restraints, the non-use of helmets, drinking and driving, inappropriate and excessive speed and the lack of appropriate infrastructure, and by paying particular attention also to the needs of vulnerable road users such as pedestrians, cyclists and motorcyclists, and users of public transport, and improving post-crash care for victims of road crashes,

Commending the World Health Organization for its role in implementing the mandate conferred upon it by the General Assembly to work with the United Nations regional commissions to coordinate road safety issues within the United Nations system, and the progress of the United Nations Road Safety Collaboration as a coordination mechanism whose members are providing Governments and civil society with good-practice guidelines to support action to tackle the major road safety risk factors,

Recognizing the work of the United Nations regional commissions and their subsidiary bodies in increasing their road safety activities and advocating for increased political commitment to road safety, and in this context also recognizing the continuing commitment of the Economic Commission for Europe to global action in the elaboration of safety-related global technical vehicle regulations and amendments to the Convention on Road Traffic and the Convention on Road Signs and Signals, resolution 63/9 of 23 May 2007 of the Economic and Social Commission for Asia and the Pacific, in which the Commission encouraged members to continue to act upon recommendations contained in the Ministerial Declaration on Improving Road Safety in Asia and the Pacific, the Accra Declaration of African Ministers responsible for transport and health of 8 February 2007, the Declaration of San José on road safety of 14 September 2006 and resolution 279(XXIV) of 11 May 2006 of the Economic and Social Commission for Western Asia on follow-up to implementation of components of the Integrated Transport System in the Arab Mashreq, including follow-up on road safety,

Commending the World Bank for its initiative in establishing the Global Road Safety Facility, the first funding mechanism designed to support capacity-building and pro-

vide technical support for road safety at the global, regional and country levels, welcoming the financial assistance given to the Facility by the Governments of Australia, the Netherlands and Sweden, and by the FIA Foundation for the Automobile and Society, and encouraging more financial contributions to the Facility,

Commending also the World Health Organization and the United Nations regional commissions for organizing, in collaboration with the other members of the United Nations Road Safety Collaboration, the first United Nations Global Road Safety Week in April 2007, during which hundreds of events were held all over the world, including the World Youth Assembly for Road Safety and the second Stakeholders' Forum for Global Road Safety, in Geneva, which helped to draw attention to the fact that road traffic crashes have become the leading cause of death among young people aged between 10 and 24,

Taking note of all national and regional initiatives to improve awareness of road safety issues, including the second European Road Safety Day, to be observed on 13 October 2008,

Taking note also of the report of the Commission for Global Road Safety, *Make Roads Safe: A New Priority for Sustainable Development*, which links road safety with sustainable development and which calls for increased resources for road safety, a new commitment for road infrastructure assessment and a global ministerial conference on road safety under the auspices of the United Nations,

Expressing its concern at the continued increase in road traffic fatalities and injuries worldwide, in particular in developing countries,

Reaffirming the need for the further strengthening of international cooperation and knowledge-sharing in road safety, taking into account the needs of developing countries,

1. *Invites* Member States to actively participate in the development of the global road safety status report being prepared by the World Health Organization;

2. *Invites* all Member States to participate in the projects to be implemented by the United Nations regional commissions to assist low- and middle-income countries in setting their own national road traffic casualty reduction targets, as well as regional targets;

3. *Reaffirms* the importance of addressing global road safety issues and the need for the further strengthening of international cooperation, taking into account the needs of developing countries by building capacities in the field of road safety and providing financial and technical support for their efforts;

4. *Encourages* Member States to continue to strengthen their commitment to road safety, including by observing the World Day of Remembrance for Road Traffic Victims on the third Sunday of November every year;

5. *Invites* the World Health Organization and the United Nations regional commissions, in cooperation with other partners in the United Nations Road Safety Collaboration, to promote multisectoral collaboration by organizing, when appropriate, United Nations Global Road Safety Weeks, including Stakeholders' Forums for Global Road Safety;

6. *Encourages* organizations in both the private and the public sector with vehicle fleets, including agencies of the United Nations system, to develop and implement policies and practices that will reduce crash risks for vehicle occupants and other road users;

7. *Welcomes* the offer by the Government of the Russian Federation to host and provide the necessary financial support for the first global high-level (ministerial) conference on road safety, to be held in 2009, to bring together delegations of ministers and representatives dealing with transport, health, education, safety and related traffic law enforcement issues, to discuss progress in implementing the recommendations of the *World Report on Road Traffic Injury Prevention* and the General Assembly resolutions on improving global road safety, and provide an opportunity for Member States to exchange information and best practices;

8. *Decides* to include in the provisional agenda of its sixty-fourth session the item entitled "Global road safety crisis", and requests the Secretary-General to report to the General Assembly at that session on the progress made in improving global road safety.

Food and agriculture

Food aid

World Food Programme

At its 2008 substantive session in July, the Economic and Social Council had before it two reports pertaining to the World Food Programme (WFP): the annual report of the Executive Director for 2007 [E/2008/14], and the report of the WFP Executive Board [E/2008/36] containing the decisions and recommendations of its 2007 sessions. By **decision 2008/215** of 18 July, the Council took note of those reports.

The WFP Executive Board, at its 2008 sessions—first regular session (4–6 February); annual session (9–12 June); and second regular session (27–30 October)—all of which were held in Rome, decided on organizational and programme matters and approved a number of projects. In October, the Board approved the Biennial Programme of Work of the Executive Board for 2009–2010 [WFP/EB.2/2008/11].

WFP activities

According to the Annual Performance Report for 2008 [WFP/EB.A/2009/4], WFP distributed 3.9 million metric tons (MT) of food aid in 2008, compared with 3.3 million MT in 2007. A total of 102.1 million hungry people were assisted in 78 countries during the year, compared with 86.1 million in 80 countries in 2007. Of the total number of people assisted in 2008, 17.6 million (23.8 million in 2007) were helped through development projects; 25 million (15.3 million in 2007) through emergency operations; and 59.4 million (47 million in 2007) through protracted relief and recovery operations.

During the year, WFP faced particular challenges stemming from dramatically rising food and fuel prices and turmoil in international financial systems. Progress towards achieving the MDGs was suddenly reversed. In March, WFP launched an extraordinary appeal for $755 million to cover estimated additional food and fuel costs. By May, new contributions had passed that target and eventually totalled $1 billion, including a historic contribution of $500 million from Saudi Arabia. Donor contributions for all of 2008 totalled $5 billion, more resources per annum than in any other year.

For the first time in a number of years, contributions for development projects increased substantially, reaching $406 million, the highest amount since 2000. Nevertheless, due to the elevated cost of the WFP food basket caused by high food prices, the actual number of beneficiaries of development assistance decreased to 17.6 million in 2008. The proportion of multilateral contributions also increased, from less than 10 per cent in recent years to 18 per cent in 2008.

Extreme weather continued to affect the work of WFP, which launched 23 relief operations for victims of floods, earthquakes and windstorms. The targeting of humanitarian and UN staff was a growing concern, with four WFP staff killed and 17 injured as a result of malicious acts. An increase in incidents targeting WFP contractors and partners led to an additional 13 fatalities.

Administrative and financial matters

In 2008, with the help of donor contributions and staff in the field and at headquarters, WFP scaled up assistance for hungry people affected by extreme weather, political turmoil, and complex emergencies such as those found in Afghanistan, Somalia and the Sudan, but also for vulnerable populations hit by soaring global food and fuel prices. Throughout the food price crisis, WFP increased food purchases for developing countries to $1.1 billion, thereby helping to break the cycle of hunger.

High food prices in 2008 affected WFP food procurement. WFP spent a record $1.4 billion on procurement in 2008, 30 per cent more than the previous record in 2004. Greater demand for assistance meant that WFP purchased 2.8 million MT of food, the second highest tonnage on record, but the high price of food in local markets meant that it procured a smaller proportion of food from low-income countries—26 per cent, compared with 55 per cent in 2007—and a greater proportion from middle-income countries—50 per cent, compared with 24 per cent in 2007.

WFP began to deploy new hunger solutions, informed by analysis of the causes of hunger and shaped by market conditions and people's needs. The WFP strategic plan (2008–2011), approved in June, aimed to support nations in meeting emergency needs and identifying longer-term solutions to hunger. The Plan's strategic objectives repositioned WFP from a food aid agency to a food assistance agency. More flexible approaches were set out, including cash and voucher programmes and Purchase for Progress (P4P) proposals to enable small-scale farmers to access new markets and to encourage increased production.

Vulnerability analysis and mapping, one of WFP's core strengths, was particularly important in the response to natural disasters and the food crisis in 2008, when the number of those assessments increased by 80 per cent. WFP widened the net of its assessment data, factoring in economic impact, food security issues, nutrition analyses and urban populations.

Building staff capacity was a focus in 2008, as WFP repositioning would have implications for staff capacity and adaptability in view of its changing needs. In that regard, the Executive Board adopted the policy paper "Preparing for Tomorrow Today: WFP Strategy for Managing and Developing Human Resources (2008–2011)" [WFP/EB.2/2008/4-C]. WFP also established an Ethics Office in 2008, as well as a Division of Performance and Accountability Management.

In 2008, the WFP financial statements were prepared for the first time in accordance with International Public Sector Accounting Standards, which introduced the presentation of revenues and expenses on a full accrual basis.

Private-sector partnerships were strong. The year ended with companies and foundations contributing $145.5 million in cash and $48.8 million in kind, double the value of private donations in 2007. The Bill and Melinda Gates Foundation provided a significant donation to help alleviate the effects of high food prices in West Africa. In conjunction with the Howard G. Buffett Foundation, it contributed a $66 million grant to the P4P initiative, designed to ensure that WFP procurements benefited small farmers.

In 2008, partnership with the World Bank increased as it rolled out its $1.2 billion Global Food Crisis Response Programme. Some funds from that programme were directly channelled to WFP, such as in the Central African Republic, Guinea Bissau and Liberia, and through Governments in Burundi and Nepal.

Resources and financing

In 2008, WFP operational expenditures exceeded $3.5 billion, an increase over the 2007 figure of approximately $2.8 billion. Confirmed contributions reached $5 billion, an increase from the 2007 figure of $2.7 billion. Of the total contributions, $2.3 billion went to protracted relief and recovery operations, $406.2 million to development activities, $172.0 mil-

lion to special operations, $1.4 billion to emergency operations, including $60 million to the Immediate Response Account, and $131.8 million to other activities.

Food security

Food and Agriculture Organization

In 2008, the Food and Agriculture Organization of the United Nations (FAO) continued to address the world food crisis. FAO held a high-level conference on "World Food Security: the Challenges of Climate Change and Bioenergy" (Rome, 3–5 June), in which 181 member countries participated. Forty-two Heads of State attended the event, as well as 100 ministers and 60 non-governmental and civil society organizations. Issues addressed by the conference forums included the causes, consequences and solutions to high food prices; and the challenges that climate change, bioenergy, and transboundary pests and diseases posed to world food security.

The conference discussed the issue of high food prices in the context of an information paper entitled "Soaring food prices: facts, perspectives, impacts and actions required" [HLC/08/INF/1]. As noted in that document, agricultural commodity prices rose sharply in 2006 and 2007 and continued to rise even more sharply in the first three months of 2008. While the FAO food price index rose, on average, by 8 per cent in 2006 compared with the previous year, it increased by 24 per cent in 2007 compared to 2006. The increase in the average of the index for the first three months of 2008 compared to the same three months in 2007 stood at 53 per cent. The continuing surge in prices was led by vegetable oils, which on average increased by more than 97 per cent during the same period, followed by grains with 87 per cent, dairy products with 58 per cent and rice with 46 per cent. The prices of sugar and meat products also rose, but not to the same extent. Large increases in some commodity prices pointed to increased volatility and uncertainty in the market environment.

The conference concluded with the adoption of the Declaration of the High-Level Conference on World Food Security: the Challenges of Climate Change and Bioenergy, which reaffirmed the conclusions of the 1996 World Food Summit, including the Rome Declaration on World Food Security and the World Food Summit Plan of Action [YUN 1996, p. 1129]. The Declaration called on the international community to increase assistance for developing countries, in particular the least developed countries and those that were most negatively affected by high food prices. The Declaration underscored the need to help developing countries and countries in transition to expand agriculture and food production, and increase investment in agriculture, agribusiness and rural development, from both public and private sources. It noted that, in view of the challenges posed by climate change, the question of how to increase the resilience of food production systems was all the more essential.

Committee on World Food Security. At its one hundred and thirty-fifth session (Rome, 17–18 November), the FAO Council considered the report [CL 135/10] of the thirty-fourth session of the Committee on World Food Security (CFS) (Rome, 14–17 October), as well as several other CFS-issued reports, including the "Follow-Up to the World Food Summit: Report on Progress in the Implementation of the Plan of Action" [CFS:2008/3]; the report on "Proposals to Strengthen the Committee on World Food Security to Meet New Challenges" [CFS:2008/6]; and the report on the "Assessment of the World Food Security and Nutrition Situation" [CFS:2008/2].

High-level Task Force on Food Security Crisis. In April, the Secretary-General established a High-level Task Force (HLTF) on the Global Food Security Crisis under his chairmanship. The HLTF brought together relevant parts of the UN Secretariat, UN agencies, funds and programmes, and the Bretton Woods institutions (the World Bank Group and the International Monetary Fund) to produce a unified response to the food price crisis. To that end, it developed a strategy and action plan—the Comprehensive Framework for Action (CFA). The CFA comprised a twin-track approach: one set of actions aimed to meet the immediate needs of food-insecure populations; the second set aimed to build resilience and contribute to longer-term global food and nutrition security. In December, by resolution 63/235 (see below), the General Assembly acknowledged the establishment of the HLTF by the Secretary-General.

GENERAL ASSEMBLY ACTION

On 22 December [meeting 73], the General Assembly adopted **resolution 63/235** [draft: A/63/L.64 & Add.1] without vote [agenda item 107].

Agriculture development and food security

The General Assembly,

Recalling the Rio Declaration on Environment and Development, Agenda 21, the Programme for the Further Implementation of Agenda 21, the Johannesburg Declaration on Sustainable Development and the Plan of Implementation of the World Summit on Sustainable Development ("Johannesburg Plan of Implementation"), the Monterrey Consensus of the International Conference on Financing for Development, the 2005 World Summit Outcome and the Doha Declaration on Financing for Development: outcome document of the Follow-up International Conference on Financing for Development to Review the Implementation of the Monterrey Consensus,

Reaffirming the goal set out in paragraph 19 of the United Nations Millennium Declaration, to halve, by 2015, the proportion of the world's people whose income is less than one dollar a day and the proportion of people who suffer from hunger,

Recalling the Rome Declaration on World Food Security and the World Food Summit Plan of Action, the Declaration of the World Food Summit: five years later, including the goal of achieving food security for all through an ongoing effort to eradicate hunger in all countries, with an immediate view to reducing by half the number of undernourished people by no later than 2015, as well as the commitment to achieving the Millennium Development Goals,

Recognizing that agriculture plays a crucial role in addressing the needs of a growing global population and is inextricably linked to poverty eradication, especially in developing countries, and stressing that integrated and sustainable agriculture and rural development approaches are therefore essential to achieving enhanced food security and food safety in an environmentally sustainable way,

Emphasizing the urgent need to increase efforts at the national, regional and international level to address food security and agriculture development as part of the international development agenda,

Remaining concerned that high and volatile food prices and the global food crisis pose a serious challenge to the fight against poverty and hunger, as well as to the efforts of developing countries to attain food security and achieve the objective of reducing by half the number of undernourished people by no later than 2015 as well as other internationally agreed development goals, including the Millennium Development Goals, and reiterating that the global food crisis has multiple and complex causes and that its consequences require a comprehensive and coordinated response in the short, medium and long term by national Governments and the international community,

Welcoming the holding of the High-level Conference on World Food Security: the Challenges of Climate Change and Bioenergy, from 3 to 5 June 2008 in Rome, and acknowledging the initiative of the Secretary-General in establishing the High-level Task Force on the Global Food Security Crisis, which has produced the Comprehensive Framework for Action, as well as other multilateral, regional and national initiatives,

Taking note with appreciation of the work undertaken by relevant international bodies and organizations, including the Food and Agriculture Organization of the United Nations, the International Fund for Agricultural Development and the World Food Programme, on agriculture development and enhancing food security and by the Commission on Sustainable Development on the thematic cluster of issues on agriculture, rural development, land, drought, desertification and Africa,

Emphasizing that the United Nations can play an effective role in building a global consensus in addressing agriculture development and food security,

1. *Reiterates* the need to adequately and urgently address agriculture development and food security in the context of national and international development policies;

2. *Decides* to include in the provisional agenda of its sixty-fourth session an item entitled "Agriculture development and food security", to be taken up by the Second Committee;

3. *Requests* the Secretary-General to submit to the General Assembly at its sixty-fourth session a report on national, regional and international efforts within the context of the present resolution, under the item entitled "Agriculture development and food security", in close cooperation and coordination with United Nations relevant bodies and organizations.

Nutrition

Standing Committee on Nutrition

The thirty-fifth session of the United Nations System Standing Committee on Nutrition (SCN) (Hanoi, Viet Nam, 3–6 March) conducted a symposium on "Accelerating the Reduction of Maternal and Child Undernutrition". The Committee considered reports from its working groups on nutrition in emergencies; nutrition and HIV/AIDS; nutrition, ethics and human rights; breastfeeding and complementary feeding; household food security; nutrition of school age children; capacity development in food and nutrition; micronutrients; and nutrition throughout the life cycle.

Among other actions, SCN participants agreed that the Lancet Nutrition Series, launched in January, brought an important new body of evidence to address the enormous burden and consequences of maternal and child undernutrition that inhibited global development. That Series also provided important new evidence for the benefit of a set of specific nutrition interventions which, in addition to other poverty reduction efforts, could help accelerate the reduction of maternal and child undernutrition and, in doing so, contribute to achieving the MDGs. Participants, including the SCN constituencies (UN agencies, bilateral partners and non-governmental and civil society organizations) and thematic working groups, discussed how the Series would help move the agenda forward in their respective working areas and the role of SCN in making that happen. They also agreed to draw together the conclusions from those discussions and prepare a set of recommendations.

UNU activities

The United Nations University, through its Food and Nutrition Programme for Human and Social Development (UNU-FNP), assisted developing regions in enhancing individual, organizational and institutional capacities, carried out coordinated global research activities and served as an academic arm for the UN system in areas of food and nutrition that were best addressed in a non-regulatory, non-normative environment.

UNU-FNP, together with Cornell University—a UNU-associated institution—and the UNU Office at the United Nations in New York, held a series of four public symposia aiming to identify the gaps in knowledge and policy which limited sub-Saharan Africa in achieving the MDGs for the alleviation of hunger, malnutrition and poor health. Since more Africans were suffering from those conditions in 2008 than in 1990—the beginning of the MDG period—the problem was severe and the trends continued to worsen. Knowledge about food systems and health and nutrition in Africa was abundant, but understanding of the interaction between food systems and health and nutrition was deficient, and the potential health gains from changes in the food system were frequently overlooked in policy design and implementation. The series began in 2007, but the latter two symposia, entitled "The Governance Dimension of the MDGs in Africa" (New York, 21 May) and "HIV/AIDS and Public Health" (New York, 19 September), took place in 2008. Results informed the General Assembly's high-level meeting on "Africa's Development Needs" (see p. 1007).

Further UNU activities, as indicated by its annual report for 2008, included an Africa Day Symposium at the UNU Centre, Tokyo (Tokyo, 9 September), held in conjunction with the African Diplomatic Corps, entitled "Africa's Food Situation: Crisis to Opportunities; New Perspectives for Africa". UNU-FNP conducted two training courses (Potchefstroom, South Africa, 11–21 March and Ouarzazate, Morocco, 23–30 June) as part of its African Nutrition Leadership Programme. The UNU World Institute for Development Economics Research (UNU-WIDER), located in Helsinki, Finland, conducted a project on health inequalities and development that aimed to provide a better understanding of the factors that underpin health status in developing and transitional countries, particularly for children. UNU-WIDER also published a policy brief entitled "Can We Eradicate Hunger?" that addressed the topic of hunger from economic, social and political perspectives, drawing upon academic research of the experiences of international organizations and civil society.